

State of Tennessee
Department of Children's Services
7th Floor Cordell hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999

Standard Claim Invoice Instructions

- **Effective: April, 2003**
- **Form must be typed.**
- **Vendor Name** = The name of the organization that will receive payment.
- **Vendor Address** = The address of the organization that will receive payment.
- **City** = The name of the city where the organization is located that will receive payment.
- **State** = The state where the organization is located that will receive payment.
- **Zip** = The zip code where the organization is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information. Be sure to include your contract number.
- **Provider Code** = Must be the following two digit code.
- **FS = FAMILY SUPPORT**
- **Contract Number** = Assigned by DCS and must match the contract number for the vendor requesting payment. See Attachment A for a list of contract numbers. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.
- **Rate = Leave Blank**
- **Vendor Signature** = An original signature is required on each individual page of the standard claim form from the provider.
- **Print Name** = The printed name of the person signing the vendor signature.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = The name of the person or business from which goods and/or services were obtained. There may only be one service provider per invoice.
- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. An invoice can equal one or more pages but not more than one contract. Do not combine more than one contract on an invoice.
- **Last Name** = Child's last name for whom the goods and/or services were provided.

- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code** = See Attachment B for the procedure codes listing.
- **Allot Code** = 20
- **CHILD SPECIFIC CLAIMS MUST HAVE A COPY OF THE VENDOR'S INVOICE/ OR KIDS TRAC AUTHORIZATION. IF THE VENDOR'S INVOICE OR KIDS TRAC AUTHORIZATION DOES NOT HAVE AN EXPLANATION OF SERVICES ON IT, THEN AND A MEMO EXPLAINING THE SERVICE (S) PROVIDED WILL BE REQUIRED AS WELL FOR BACKUP DOCUMENTATION AND MUST BE ATTACHED TO THE STANDARD CLAIM FOR PAYMENT TO BE RENDERED.**
- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be **N** for the provider codes in these instructions.
- **Vendor Invoice #** = The warrant/check number where the service was paid for by the CSA for goods and/or services purchased. Maximum length is 10.
- **Service Start Date** = **Date payment was made for the goods purchased or the date service was billed.** This must be MM/DD/YY format. Including slashes
- **Service End Date** = **Date payment was made for the goods purchased or the date service was billed.** This must be MM/DD/YY format including slashes. Note: For Provider Code FS, both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = For provider code FS, which is reimbursed based on actual cost, will always be 1.

- **Amount** = For this provider code FS, the amount is the actual cost.
- **Page __of__** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the case manager authorizing this payment. Leave blank at this time.
- **Date** = The date the case manager signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case manager authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case manager authorizing this payment. Leave blank at this time.
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment. Leave blank at this time.
- **Date** = The date the case supervisor signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case supervisor authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case supervisor authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment. Leave blank at this time.
- **DCS Case Signature** = Central office approving signature. **If Required** Central Office Fiscal will forward to appropriate personnel.
- **Date** = The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.
- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

ATTACHMENT A

CSA	Family Support Svcs
NORTHEAST CSA	HFS00120
EAST CSA	HFS00220
KNOX CO CSA	HFS00320
HAMILTON CO CSA	HFS00420
SOUTHEAST CSA	HFS00520
UPPER CUMBERLAND CSA	HFS00620
MID-CUMBERLAND CSA	HFS00720
DAVIDSON CO CSA	HFS00820
SOUTH CENTRAL CSA	HFS00920
NORTHWEST CSA	HFS01020
SHELBY CO CSA	HFS01120
SOUTHWEST CSA	HFS01220

	ATTACHMENT B
Proc Code	Description
100	Child Abuse Prevention
111	Child Sex Abuse Treatment Services
120	Child Development
140	Home Maker Services
150	CPS Daycare
160	Foster Care Daycare
170	Day Treatment
180	Day Treatment/Education
191	Sitter Services/Respite Care (Schedule with dates & times per vendor must be attached)
210	Risk/Truancy Intervention'
220	Case Support/Case Work Services
221	Intensive Casework/Intensive Aftercare
222	Intensive Family Preservation
223	Electronic Monitoring/and Surveillance
224	Drug Screening
230	Psychiatric/Psychological Assessments
231	Educational Assessments/When child is not Tenn Care Eligible
232	Other Assessments/When child is not Tenn Care Eligible
240	General Medical Hospital/When child is not Tenn Care Eligible
250	Psychiatrist/Related Professionals When child is not Tenn Care Eligible
251	Medical Physician/Related When child is not Tenn Care Eligible
260	Pharmacy/When child is not Tenn Care Eligible
270	Individual Counseling/Therapy When child is not Tenn Care Eligible
271	Group Counseling/Therapy When child is not Tenn Care Eligible
272	Parenting classes
273	Alcohol and Drug Counseling
280	Basic Education/Tuition
281	Vocational Education
282	Tutoring
28A	Tutoring for 1 st Sibling, but billed under child that used procedure code 282
28B	Tutoring for 2 nd Sibling, but billed under child that used procedure code 282
28C	Tutoring for 3 rd Sibling but billed under child that used procedure code 282
283	Other School Related
284	School Books
285	School Supplies
286	Field Trips
287	Special Education Aids
288	Graduation Expenses
290	Non Secure Transportation of Child
292	Parent/Guardian Transportation
293	Vehicle Repair
301	Emergency Clothing
311	Mentoring
312	Recreational Activities
313	Reward, Incentives
320	Personal Items
330	Home Support
331	Rent Assistance
332	Utilities (See breakdown for billing purposes)
33A	Electric Bill/Invoice
33B	Water & Sewage Bill/Invoice
33C	Gas Bill/Invoice
333	Groceries

334	Telephone Connection
33D	Telephone Bill/Invoice
335	Home Repairs
336	Home Supplies
337	Furniture
350	Attorney Fees
360	Court Costs